

South Carolina Department of Health and Environment Control
Bureau of Land and Waste Management
Division of Waste Management
Infectious Waste Generator Inspection Report

A. General Information:

1. Generator Name: _____ Registration Number **SC** **G**
2. Address: _____ Date of Inspection: _____
3. Contact Person: _____ Phone Number: _____
4. Is the information above correct? Yes No N/A (R.61-105 (F) (2))

B. Packaging & Labeling Requirements:

- | | | | | |
|---|-----|----|-----|----------------------|
| 1. Containers Properly Packaged? | Yes | No | N/A | (R.61-105 (I)) |
| 2. Containers Properly Labeled? | Yes | No | N/A | (R.61-105 (J)) |
| a. Universal biohazard symbol? | Yes | No | N/A | (R.61-105 (J)(2)(a)) |
| b. Name or Department issued number? | Yes | No | N/A | (R.61-105 (J)(2)(b)) |
| c. Date the container storage began? | Yes | No | N/A | (R.61-105 (J)(2)(e)) |
| d. Contains the words Infectious Waste? | Yes | No | N/A | (R.61-105 (J)(2)(f)) |

C. Storage of Infectious Waste:

- | | | | | |
|--|-----|----|-----|----------------------|
| 1. Waste stored in a proper container? | Yes | No | N/A | (R.61-105 (K)) |
| 2. Outdoor storage area locked? | Yes | No | N/A | (R.61-105 (K)(2)) |
| a. Breeding place for insects or rodents? | Yes | No | N/A | (R.61-105 (K)(1)(a)) |
| b. Waste protected from weather conditions? | Yes | No | N/A | (R.61-105 (K)(1)(b)) |
| 3. Authorized personnel only area? | Yes | No | N/A | (R.61-105 (K)(3)) |
| 4. Labeled with biohazard symbol? | Yes | No | N/A | (R.61-105 (K)(4)) |
| 5. Is the waste putrescent or over storage time limit? | Yes | No | N/A | (R.61-105 (K)(5)(a)) |

D. Infectious Waste Disposal:

- | | | | | |
|---|-----|----|-----|------------------------|
| 1. Is the waste managed to prevent exposure or release? | Yes | No | N/A | (R.61-105 (F)(6)(g)) |
| 2. Is the waste properly treated prior to disposal? | Yes | No | N/A | |
| 3. Records maintained for 3 years? | Yes | No | N/A | (R.61-105 (AA)(1)&(2)) |
| 4. Is the waste transported between offices? | Yes | No | N/A | (R.61-105 (N)(2)) |
| 5. Is it properly manifested with the name and registration number of the generators? | Yes | No | N/A | (R.61-105 (M)(1)(a)) |
| a. Number of containers and the weight? | Yes | No | N/A | (R.61-105 (M)(1)(c)) |
| b. Name of transporter? | Yes | No | N/A | (R.61-105 (M)(1)(h)) |
| 6. Is the transporter registered with the Department? | Yes | No | N/A | (R.61-105 (F)(6)(ii)) |
- If no, need information on the transporter

Name: _____

Address: _____

Contact Name: _____ Phone number: _____

Results of Inspection: Summary of Violations/Discrepancies or Other Comments

Date: _____

Inspector's Signature: _____

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